

## DEVICE TEST FORM

Facility: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_

**Test Date:** \_\_\_\_\_ Device: \_\_\_\_\_  
 Serial #: \_\_\_\_\_

Protection: \_\_\_\_\_  
 Location: \_\_\_\_\_

Line Pressure	psi	1 <sup>st</sup> Shutoff C <input type="checkbox"/> L <input type="checkbox"/>	2 <sup>nd</sup> Shutoff C <input type="checkbox"/> L <input type="checkbox"/>	<b>Pressure Vacuum Breaker</b>
Reduced Pressure Principle Assembly				
Double Check Valve Assembly				

Initial Test	1 <sup>st</sup> Check PSID C <input type="checkbox"/> L <input type="checkbox"/>	2 <sup>nd</sup> Check PSID C <input type="checkbox"/> L <input type="checkbox"/>	Relief PSID O <input type="checkbox"/> M <input type="checkbox"/>	Air Inlet PSID O <input type="checkbox"/> M <input type="checkbox"/>	Check PSID C <input type="checkbox"/> L <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Confirm <input type="text"/>			

Repairs

Final Test	1 <sup>st</sup> Check PSID C <input type="checkbox"/> L <input type="checkbox"/>	2 <sup>nd</sup> Check PSID C <input type="checkbox"/> L <input type="checkbox"/>	Relief PSID O <input type="checkbox"/> M <input type="checkbox"/>	Air Inlet PSID O <input type="checkbox"/> M <input type="checkbox"/>	Check PSID C <input type="checkbox"/> L <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Confirm <input type="text"/>			

Pass/Fail P  F

Notes:

Certification: On this date, the above device was tested per applicable codes and the required performance standards.

Tester Name: \_\_\_\_\_ Tester Certification #: \_\_\_\_\_

Testing Firm: \_\_\_\_\_ Testing Firm Phone #: \_\_\_\_\_

Testing Firm Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tester Signature: \_\_\_\_\_ Date: \_\_\_\_\_